Under the Paperwork Reduc	tion Act of 1995	5 no persons are required to	U.S. Patent a	and Tradem	ark Office; U.S. DEF	06/30/2010. OMB 0651-003: PARTMENT OF COMMERCE a valid OMB control number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
			Application Numb	per 10	0/607,194		
	KANS	SMITTAL	Filing Date	Ju	ıne 25, 2003		
Fo	or FY 2	008	First Named Inve	ntor M	ark J. Radcliffe		
		0.07.050.4.07	Examiner Name	Ka	athleen M. Moss	er	
Applicant claims sma	ill entity status	s. See 37 CFR 1.27	Art Unit	37	714		
TOTAL AMOUNT OF PA	YMENT (\$)	Attorney Docket I	No. M	S303010.01		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 50-4143 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Grange recta) mendates below, except for the ming rec							
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 Credit any overpayments							
ARNING: Information on the formation and authorization	is form may be n on PTO-2038	ecome public. Credit card in 3.	formation should not	be include	ed on this form. Pro	vide credit card	
FEE CALCULATION							
. BASIC FILING, SEA	RCH. AND	EXAMINATION FEES					
	FILING	FEES SEA	RCH FEES	EXAMIN	IATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (Small Entity \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	310	155 510	255	210	105		
Design	210	105 100	50	130	65		
Plant	210	105 310	155	160	80		
Reissue	310	155 510	255	620	310		
Provisional	210	105 0	0	0	0		
. EXCESS CLAIM FE	ES			-		Small Entity	
Fee Description					Fee (\$) 50	Fee (\$)	
Each claim over 20			210	25 105			
Each independent claim over 3 (including Reissues) Multiple dependent claims					370	185	
Total Claims	Extra Clair		e Paid (\$)		Multiple De	pendent Claims	
0 - 20 or HP = 0 x 52.00 = 0.00 HP = highest number of total claims paid for, if greater than 20.					Fee (\$)	Fee Paid (\$)	
Indep. Claims	al claims paid to Extra Clair		e Paid (\$)		0.00	0.00	
0 - 3 or HP =	0	x 220.00 = 0.0					
HP = highest number of ind		s paid for, if greater than 3.					
APPLICATION SIZE If the specification an		exceed 100 sheets of pa	aper (excluding el	ectronica	ally filed sequen	ce or computer	
listings under 37 (CFR 1.52(e)), the application size f	ee due is \$260 (\$1	30 for si			
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 =		/ 50 =	(round up to a wr	iole numb	ег, х		
OTHER FEE(S) Non-English Specif	fication, \$1	130 fee (no small entity	discount)			Fees Paid (\$)	
Other (e.g., late filin	ng surcharge	e):					

SUBMITTED BY							
Signature	/Mark F. Niemann/	Registration No. 61,817 (Attorney/Agent)	Telephone 509-755-7262				
Name (Print/Type)	Mark F. Niemann		Date 11/04/2008				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a borneli by the public winks to 16 fig and by the USPTO to process an application. Confidentially is governed by \$5 U.S.C. 122 and \$7 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any common to the amount of time you require to complete this form and/or supgesters for excluding this burden, should be sent the two foliar formations of Oriesr U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1459, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1450.